V-tU-AD -PS-A-PO-24-06-42837-S PR No.: F 2403-0106 V-FO-4PS-AS-SS-PROP-24-02-05996-S 4PS nd-User: DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT FIELD OFFICE V Regional Center Site, Rawis, Legazpi City, Albay **PURCHASE ORDER** RECIDENCIA DEL HAMOR CORPORATION Supplier: PO. No.: F 2404-0154 CASIGURAN SORSOGON Address Date: April 15, 2024 Mode of NEGOTIATED PROCUREMENT - LEASE OF REAL PROPERTY Contact No. 09063619592 AND VENUE Procurement: Please furnish this Office the following articles subject to the terms and conditions Payment Term: Charge Gentlemen: contained herein: Delivery Term: Days Place of Delivery: As indicated below 09636984404 For Delivery Schedule and Queries Date of 09923015628 Please Contact C.M.U: Delivery: 09552161070 Item No. Unit Quantity **Unit Cost** Amount PROVISION OF FOOD AND ACCOMMODATION FOR THE NATIONAL ADVISORY COUNCIL AND NATIONAL TECHNICAL WORKING GROUP IN SORSOGON PROVINCE April 23, 2024 pax Dinner and Accommodation 70 141,368.25 April 24, 2024 pax Breakfast, Dinner and Accommodation 70 146,408.25 April 25, 2024 pax Breakfast, Dinner and Accommodation 70 146,408.25 April 26, 2024 pax Breakfast 70 5,040.00 COA- David FOV COA- Carbo F _

Note: This includes All Amenities, you conformed in the Standard Requirements for Venue attached in the RFQ.

Note: In case of fortuitous events or other circumstances that the number of participants is reduced, adjustment shall be made prior to the condut of the activity or in the succeeding days Note: Guaranteed only in the 1st day of activity or per advance notice of End User, While actual on the succeeding days.

Four Hundred Thirty Nine Thousand Two Hundred Twenty Four Pesos and Seventy Five Centavos

LIQUIDATED DAMAGES: One-Tenth Of One Percent (0.001) of the cost of the unperformed portion of the contract for every day of delay. Once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, the DSWD FOV may rescind or terminate the contract, without prejudice to other courses of action and remedies available under the circumstances.

Conforme:

Total Amount

in Words:

DEL HAMOR CORPORATION

Signature over Printed Name of Supplier

Date: 04/20/2024

Funds Available:

AMIABELLE N. QUINTANO, CPA

Accountant III

24-04-03047

NORMAN S. LAURIO Regional Director

439,224.75

439.224.75